IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES

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Appellants	:	Donna B. Dulong et al.		
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Examiner	:	Neal Sereboff		
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APPELLANTS' APPEAL BRIEF

This is an appeal from an Office Action dated December 13, 2007, rejecting claims 1-51. These claims have been at least twice rejected. Appellants, having filed a Notice of Appeal (filed April 14, 2008) within the time period provided under § 1.134 accompanied by the fee set forth in 37 C.F.R. § 41.20(b)(1), do hereby submit this Appeal Brief prior to the two-month deadline, along with the fee set forth in §41.20(b)(2). The Commissioner is hereby authorized to charge any additional fee that may be due, or credit any overpayment, to Deposit Account No. 19-2112.

Contents

I. REAL PARTY IN INTEREST

The real party in interest is Cerner Innovation, Inc., a corporation of the State of Delaware, United States of America.

II. RELATED APPEALS AND INTERFERENCES

None.

III. STATUS OF CLAIMS

Claims 1-51 are pending and rejected, and the rejection of each of claims 1-51 is being appealed.

IV. STATUS OF AMENDMENTS

An amendment was filed subsequent to the Office Action dated 12/13/2007. In the amendment, claim 1 was amended to correct minor informalities. The amendment was entered for the purposes of appeal as indicated in the Advisory Action dated 3/6/2008.

V. SUMMARY OF CLAIMED SUBJECT MATTER

The instant Application includes three independent claims: 1,18, and 35. The present invention is defined by the claims, but summarily, embodiments of the invention are generally directed to preventing medication administration errors by providing medication administration warnings at the time and place at which medications are administered to patients. *See, e.g., Specification*[1], p. 2, lines 17-19; p. 6, lines 5-7. As described in the Specification of the present application, embodiments of the invention go beyond providing compliance for the traditional five patient rights by also checking for "compliance with many additional specified conditions." *See, Specification*, p. 14, lines 16-23. Accordingly, multiple compliance rules may be associated with a single medication. *See, e.g., id.*, p. 15, lines 13-14. Each compliance rule for a given medication may have a different condition for triggering the compliance rule and a different medication administration comment that is displayed when the corresponding condition is

satisfied. *See, e.g., id.*, p. 15, lines 3-22. In other words, the condition and comment of one compliance rule for a given medication differs from the condition and comment of another compliance rule for that given medication. Accordingly, a variety of different medication administration comments may be displayed at the time of administration depending upon the conditions that are present. *See, e.g., id.*, p. 15, lines 3-11.

Claim 1 (first of three independent claims)

Claim 1 is directed to a computer programmed method for providing one or more medication administration comments for preventing medication administration errors, wherein the one or more medication administration comments are provided at a place of administration of a medication in a hospital setting. *See, e.g., id.*, p. 2, lines 17-19; p. 6, lines 5-7. A medication administrator identification is accepted for a medication administrator, and a patient identification is accepted for a patient. *See, e.g., id.*, p. 6, lines 7-8; p. 11, lines 6-9; FIG. 2. A graphical user interface is displayed listing one or more medications scheduled for administration to the patient. *See, e.g., id.*, p. 6, lines 8-10; p. 11, lines 9-12; FIG. 2. A user selection of one of the listed medications is accepted from the medication administrator. *See, e.g., id.*, p. 6, line 10; p. 11, lines 13-14. The selected medication corresponds with a medication to be administered to the patient by the medication administrator. *Id.* A data store is provided that has two or more compliance rules corresponding with the selected medication. *See, e.g., id.*, p. 6, line 11; p. 9, line 14; p. 9, lines 21-24; p. 15, lines 13-14; FIG. 1. The two or more compliance rules include at least a first compliance rule and a second compliance rule, wherein the first compliance rule includes a first condition and one or more first medication administration comments specific to the selected medication and the first condition, and wherein the second compliance rule includes

[1] Please note that all references to the Specification refer to the Specification of the present application as filed on March 23, 2001.

a second condition and one or more second medication administration comments specific to the selected medication and the second condition. *See, e.g., id.*, p. 6, lines 12-14; p. 15, line 12 – p. 16, line 2. It is determined that the first condition for the first compliance rule has been satisfied. *See, e.g., id.*, p. 6, lines 15-16; p. 11, lines 14-16; FIG. 2. Based on the determination that the first condition has been satisfied, the one or more first medication administration comments associated with the first compliance rule are displayed on a display device at the place of administration of the medication in a hospital setting. *See, e.g., id.*, p. 6, lines 15-16; p. 11, lines 16-18; FIG. 2.

Claim 18 (second of three independent claims)

Claim 18 is directed to a system for providing one or more medication administration comments for preventing medication administration errors, wherein the one or more medication administration comments are provided at a place of administration of a medication in a hospital setting. *See, e.g., id.*, p. 2, lines 17-19; p. 6, lines 5-7. The system includes a computer having a memory and a processor. *See, e.g., id.*, p. 8, line 9 – p. 10, line 14. The system also includes a plurality of compliance rules corresponding with a given medication stored in said memory, wherein each compliance rule includes a respective condition and one or more respective medication administration comments specific to the given medication and the respective condition for the compliance rule. *See, e.g., id.*, p. 6, line 11-14; p. 15, line 12 – p. 16, line 2. The system further includes a program executing on said computer that is configured to: (1) accept a medication administration identification for a medication administrator; (2) accept a patient identification for a patient; (3) accept a user selection of a listed medication from the medication administrator, the selected medication corresponding with a medication to be administered to the patient by the medication administrator and corresponding with the given medication; and (4) determine if a respective condition for at least one compliance rule from the

plurality of compliance rules has been satisfied for the selected medication. *See, e.g., id.*, p. 6, lines 7-10; p. 6, lines 15-16; p. 11, lines 6-16; FIG. 2. The system further includes a graphical user interface (GUI) executing on said computer, the graphical user interface configured to: (1) list one or more medications scheduled for administration to the patient; and (2) display at the place of administration of the medication in a hospital setting the one or more respective medication administration comments when the program determines that the respective condition for the at least one compliance rule has been satisfied for the selected medication. *See, e.g., id.*, p. 6, lines 8-10; p. 6, lines 15-16; p. 11, lines 9-12; p. 11, lines 16-18 FIG. 2.

Claim 35 (third of three independent claims)

Claim 35 is directed to an article of manufacture comprising a program storage medium readable by a computer and embodying one or more instructions executable by the computer to perform a method for providing one or more medication administration comments for preventing medication administration errors, wherein the one or more medication administration comments are provided at a place of administration of a medication in a hospital setting. *See, e.g., id.*, p. 2, lines 17-19; p. 6, lines 5-7. The method includes receiving a patient identification for a patient, and receiving a medication identification for a medication to be administered to the patient. *See, e.g., id.*, p. 6, lines 7-8; p. 11, lines 6-9; FIG. 2. The method also includes accessing a data store having two or more compliance rules corresponding with the medication and including at least a first compliance rule and a second compliance rule, wherein the first compliance rule includes information associated with a first condition and a first medication administration comment specific to the medication and the first condition, and wherein the second compliance rule includes information associated with a second condition and a second medication administration comment specific to the medication and the second condition. *See, e.g., id.*, p. 6, line 11-14; p. 9, line 14; p. 9, lines 21-24; p. 15, line12 – p. 16, line 2; FIG. 1. The method next includes

determining if at least one of the first condition and the second condition has been satisfied. *See, e.g., id.*, p. 6, lines 15-16; p. 11, lines 14-16; FIG. 2. The method further includes displaying at the place of administration of the medication in a hospital setting, on a display device, the first medication administration comment when the first condition has been satisfied and the second administration comment when the second condition has been satisfied. *See, e.g., id.*, p. 6, lines 15-16; p. 11, lines 16-18; FIG. 2.

VI. GROUNDS OF REJECTIONS TO BE REVIEWED ON APPEAL

A) Claims 1-51 stand rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 6,671,563 to Engelson et al. ("Engelson") in view of U.S. Patent No. 6,529,892 to Lambert ("Lambert").

Appellants respectfully traverse the rejection of these claims.

VII. ARGUMENT

A) The rejection of claims 1-51 under 35 U.S.C. § 103(a) as being obvious over Engelson in view of Lambert should be reversed because the Examiner has failed to establish a *prima facie* case of obviousness.

Initially, Appellants note that 35 U.S.C. § 103(a) declares, a patent shall not issue when "the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains." The Supreme Court in *Graham v. John Deere Co.* counseled that an obviousness determination is made by identifying: the scope and content of the prior art; the level of ordinary skill in the prior art; the differences between the claimed invention and prior art references; and secondary considerations. *Graham v. John Deere Co.*, 383 U.S. 1 (1966). To support a finding of obviousness, the initial burden is on the Office to apply the framework outlined in *Graham* and to provide some reason, or suggestions or motivation found either in the prior art references

themselves or in the knowledge generally available to one of ordinary skill in the art, to modify the prior art reference or to combine prior art reference teachings to produce the claimed invention. *See*, *Application of Bergel,* 292 F. 2d 955, 956-957 (C.C.P.A. 1961). Recently, the Supreme Court elaborated, at pages 13-14 of the *KSR v. Teleflex* opinion, that "it will be necessary for [the Office] to look at interrelated teachings of multiple [prior art references]; the effects of demands known to the design community or present in the marketplace; and the background knowledge possessed by [one of] ordinary skill in the art, all in order to determine whether there was an apparent reason to combine the known elements in the fashion claimed by the [patent application]." *KSR v. Teleflex*, 127 S.Ct. 1727 (2007).

Appellants respectfully submit that claims 1-51 are patentable over Engelson and Lambert. In particular, a *prima facie* case of obviousness has not been established for claims 1-51 because Engelson and Lambert, either alone or in combination, fail to teach or suggest all the claims limitations for claims 1-51. As such, the claim rejections are improper and should be withdrawn.

1) Claims 1-17

As noted above, independent claim 1 is directed to a computer programmed method for providing one or more medication administration comments for preventing medication administration errors, wherein the one or more medication administration comments are provided at a place of administration of a medication in a hospital setting. *See, e.g., Specification*, p. 2, lines 17-19; p. 6, lines 5-7. A medication administrator identification is accepted for a medication administrator, and a patient identification is accepted for a patient. *See, e.g., id.*, p. 6, lines 7-8; p. 11, lines 6-9; FIG. 2. A graphical user interface is displayed listing one or more medications scheduled for administration to the patient. *See, e.g., id.*, p. 6, lines 8-10; p. 11, lines 9-12; FIG. 2. A user selection of one of the listed medications is accepted from the medication

administrator. *See, e.g., id.*, p. 6, line 10; p. 11, lines 13-14. The selected medication corresponds with a medication to be administered to the patient by the medication administrator. *Id.* A data store is provided that has two or more compliance rules corresponding with the selected medication. *See, e.g., id.*, p. 6, line 11; p. 9, line 14; p. 9, lines 21-24; p. 15, lines 13-14; FIG. 1. The two or more compliance rules include at least a first compliance rule and a second compliance rule, wherein the first compliance rule includes a first condition and one or more first medication administration comments specific to the selected medication and the first condition, and wherein the second compliance rule includes a second condition and one or more second medication administration comments specific to the selected medication and the second condition. *See, e.g., id.*, p. 6, lines 12-14; p. 15, line 12 – p. 16, line 2. It is determined that the first condition for the first compliance rule has been satisfied. *See, e.g., id.*, p. 6, lines 15-16; p. 11, lines 14-16; FIG. 2. Based on the determination that the first condition has been satisfied, the one or more first medication administration comments associated with the first compliance rule are displayed on a display device at the place of administration of the medication in a hospital setting. *See, e.g., id.*, p. 6, lines 15-16; p. 11, lines 16-18; FIG. 2.

Claim 1 is directed to preventing medication administration errors by providing medication administration warnings at the time and place at which medications are administered to patients. *See, e.g., id.*, p. 2, lines 17-19; p. 6, lines 5-7. As described in the Specification of the present application, embodiments of the invention may go beyond providing compliance for the traditional five patient rights by also checking for "compliance with many additional specified conditions." *See, Specification*, p. 14, lines 16-23. Accordingly, multiple compliance rules may be associated with a single medication. *See, e.g., id.*, p. 15, lines 13-14. Each compliance rule for a given medication may have a different condition for triggering the

compliance rule and a different medication administration comment that is displayed when the corresponding condition is satisfied. *See, e.g., id.*, p. 15, lines 3-22. In other words, the condition and comment of one compliance rule for a given medication differs from the condition and comment of another compliance rule for that given medication. Accordingly, a variety of different medication administration comments may be displayed at the time of administration depending upon the conditions that are present. *See, e.g., id.*, p. 15, lines 3-11.

In contrast to the invention of claim 1, the Engelson reference discusses providing discrepancy checking. *See, e.g., Engelson*, col. 13, 49-59. In particular, a bar code associated with a patient is scanned to identify the patient to the system, and a bar code associated with a medication to be administered is scanned to identify the medication to the system. *See, e.g., id.*, col. 13, lines 24-31. The system then checks the patient's medication administration record to verify whether the identified medication is scheduled to be administered to the identified patient. *See, e.g., id.*, col. 13, lines 49-59. If there is a discrepancy (i.e., the medication and patient do not match in the medication administration record), a warning is provided. *Id.*

At best, the discrepancy checking aspect of the Engelson reference is a single compliance rule for a given medication. However, the Engelson reference fails to discuss having two or more compliance rules for a given medication, in which each compliance rule has its own condition and own medication administration comments. As such, the Engelson reference fails to teach or suggest multiple limitations of independent claim 1.

The differences between the approach in the Engelson reference and the invention of claim 1 are significant. Instead of only providing discrepancy checking as in the Engelson reference, the invention of claim 1 includes providing two or more compliance rules for a single medication such that a variety of different medication administration comments may be provided

when a medication is to be administered dependent upon what conditions are satisfied. As such, the invention of claim 1 provides a substantial advantage over Engelson's discrepancy checking. For instance, one medication administration comment may be provided when a particular condition is satisfied while a different medication administration comment may be provided when a different condition is satisfied. In some cases, multiple compliance rules may be triggered by various different conditions during a medication administration and the corresponding medication administration comments may be provided. By contrast, Engelson's discrepancy checking is less effective as it only provides a determination of whether the medication is indicated in the patient's medication administration record. Accordingly, the invention of claim 1 advances the state of the art beyond what is discussed in the Engelson reference.

The Examiner has recognized that the Engelson reference fails to teach or suggest multiple limitations of claim 1, but asserts that the differences between the Engelson reference would have been obvious to one skilled in the art in view of the Lambert reference. *See* Office Action dated 12/13/2007, p. 3-4. Appellants respectfully disagree. In particular, the Lambert reference fails to cure the deficiencies of the Engelson reference, namely providing multiple compliance rules for a given medication, each compliance rule having a corresponding condition and medication administration comment, and providing a medication administration comment for at least one of those compliance rules when it is determined that a corresponding condition for that compliance rule has been satisfied.

The Lambert reference fails to teach or suggest these features of claim 1. In contrast to claim 1, the Lambert reference is directed to comparing attributes of drug products to determine a likelihood of confusion between the drug products and, in some instances, a severity of

confusion. *See, e.g., Lambert*, Abstract; col. 3, line 55 – col. 4, line 5; col. 5, lines 38-58. The Lambert reference is not concerned with providing medication administration comments at the place of administration of a medication. Instead, the Lambert reference is concerned with determining the likelihood (and severity) that drug products may be confused with one another. *Id.* There is no indication in the Lambert reference of providing medication administration comments. Additionally, there is no indication in the Lambert reference of providing such medication administration comments based on an associated condition being satisfied. As such, the Lambert reference at least fails to teach or suggest providing multiple compliance rules for a given medication, each compliance rule including a corresponding condition and medication administration comment, determining that the for at least one compliance rule has been satisfied, and providing a medication administration comment from that compliance rule.

As such, it is respectfully submitted that the Engelson and Lambert references, either alone or in combination, fail to teach or suggest the limitations of independent claim 1, and, as such, claim 1 is patentable over the Engelson and Lambert references. As the Examiner failed to establish a *prima facie* case of obviousness for claim 1, Appellants respectfully request that the Examiner's rejection of claim 1 be reversed and the claim allowed. Claims 2-17 depend, directly or indirectly, from independent claim 1, and, as such, the arguments set forth above with respect to independent claim 1 are equally applicable to these dependent claims. For at least the reasons stated above, Appellants respectfully request that the Examiner's rejection of claims 1-17 be reversed and the claims allowed.

2) Claims 18-34

Referring now to claims 18-34, as noted above, independent claim 18 is directed to a system for providing one or more medication administration comments for preventing medication administration errors, wherein the one or more medication administration comments

are provided at a place of administration of a medication in a hospital setting. *See, e.g., id.*, p. 2, lines 17-19; p. 6, lines 5-7. The system includes a computer having a memory and a processor. *See, e.g., id.*, p. 8, line 9 – p. 10, line 14. The system also includes a plurality of compliance rules corresponding with a given medication stored in said memory, wherein each compliance rule includes a respective condition and one or more respective medication administration comments specific to the given medication and the respective condition for the compliance rule. *See, e.g., id.*, p. 6, line 11-14; p. 15, line 12 – p. 16, line 2. The system further includes a program executing on said computer that is configured to: (1) accept a medication administration identification for a medication administrator; (2) accept a patient identification for a patient; (3) accept a user selection of a listed medication from the medication administrator, the selected medication corresponding with a medication to be administered to the patient by the medication administrator and corresponding with the given medication; and (4) determine if a respective condition for at least one compliance rule from the plurality of compliance rules has been satisfied for the selected medication. *See, e.g., id.*, p. 6, lines 7-10; p. 6, lines 15-16; p. 11, lines 6-16; FIG. 2. The system further includes a graphical user interface (GUI) executing on said computer, the graphical user interface configured to: (1) list one or more medications scheduled for administration to the patient; and (2) display at the place of administration of the medication in a hospital setting the one or more respective medication administration comments when the program determines that the respective condition for the at least one compliance rule has been satisfied for the selected medication. *See, e.g., id.*, p. 6, lines 8-10; p. 6, lines 15-16; p. 11, lines 9-12; p. 11, lines 16-18 FIG. 2.

Appellants respectfully submit that the Examiner has failed to establish a *prima facie* case of obviousness with respect to claims 18-34 because the Engelson and Lambert references,

either alone or in combination, fail to teach or suggest all the claims limitations for each of these claims. In particular, the Engelson and Lambert references, either alone or in combination, fail to teach or suggest "a plurality of compliance rules corresponding with a given medication stored in said memory, wherein each compliance rule [includes] a respective condition and one or more respective medication administration comments specific to the given medication and the respective condition for the compliance rule," as recited by independent claim 18. As noted above with respect to independent claim 1, the Engelson reference merely discusses providing discrepancy checking and does not provide multiple compliance rules for a given medication, each compliance rule having a respective condition and medication administration comment. Additionally, the Lambert reference fails to cure this deficiency as the reference is concerned with determining the likelihood of confusion between two given drug products. The Lambert reference does not discuss providing multiple compliance rules for a given medication, in which each compliance rule provides a different medication administration comment based on a different condition being satisfied.

Additionally, the Engelson and Lambert references, either alone or in combination, fail to teach or suggest determining "if a respective condition for at least one compliance rule from the plurality of compliance rules has been satisfied for the selected medication" and displaying "at the place of administration of the medication in a hospital setting the one or more respective medication administration comments when the program determines that the respective condition for the at least one compliance rule has been satisfied for the selected medication." As noted above, the Engelson and Lambert references fail to teach or suggest having multiple compliance rules for a particular medication. Accordingly, the combination of references necessarily fails to teach or suggest determining which conditions have been satisfied for the various compliance

rules and providing medication administration comments from the compliance rules for which conditions have been satisfied.

As such, it is respectfully submitted that the Engelson and Lambert references, either alone or in combination, fail to teach or suggest the limitations of independent claim 18, and, as such, claim 18 is patentable over the Engelson and Lambert references. As the Examiner failed to establish a *prima facie* case of obviousness for claim 18, Appellants respectfully request that the Examiner's rejection of claim 18 be reversed and the claim allowed. Claims 19-34 depend, directly or indirectly, from independent claim 18, and, as such, the arguments set forth above with respect to independent claim 18 are equally applicable to these dependent claims. For at least the reasons stated above, Appellants respectfully request that the Examiner's rejection of claims 19-34 be reversed and the claims allowed.

3) Claims 35-51

Referring now to claims 35-51, as noted above, independent claim 35 is directed to an article of manufacture comprising a program storage medium readable by a computer and embodying one or more instructions executable by the computer to perform a method for providing one or more medication administration comments for preventing medication administration errors, wherein the one or more medication administration comments are provided at a place of administration of a medication in a hospital setting. *See, e.g., id.*, p. 2, lines 17-19; p. 6, lines 5-7. The method includes receiving a patient identification for a patient, and receiving a medication identification for a medication to be administered to the patient. *See, e.g., id.*, p. 6, lines 7-8; p. 11, lines 6-9; FIG. 2. The method also includes accessing a data store having two or more compliance rules corresponding with the medication and including at least a first compliance rule and a second compliance rule, wherein the first compliance rule includes information associated with a first condition and a first medication administration comment

specific to the medication and the first condition, and wherein the second compliance rule includes information associated with a second condition and a second medication administration comment specific to the medication and the second condition. *See, e.g., id.*, p. 6, line 11-14; p. 9, line 14; p. 9, lines 21-24; p. 15, line12 – p. 16, line 2; FIG. 1. The method next includes determining if at least one of the first condition and the second condition has been satisfied. *See, e.g., id.*, p. 6, lines 15-16; p. 11, lines 14-16; FIG. 2. The method further includes displaying at the place of administration of the medication in a hospital setting, on a display device, the first medication administration comment when the first condition has been satisfied and the second administration comment when the second condition has been satisfied. *See, e.g., id.*, p. 6, lines 15-16; p. 11, lines 16-18; FIG. 2.

Appellants respectfully submit that the Examiner has failed to establish a *prima facie* case of obviousness with respect to claims 35-51 because the Engelson and Lambert references, either alone or in combination, fail to teach or suggest all the claims limitations for each of these claims. In particular, the Engelson and Lambert references, either alone or in combination, fail to teach or suggest "accessing a data store having two or more compliance rules corresponding with the medication and including at least a first compliance rule and a second compliance rule, wherein the first compliance rule includes information associated with a first condition and a first medication administration comment specific to the medication and the first condition, and wherein the second compliance rule includes information associated with a second condition and a second medication administration comment specific to the medication and the second condition," as recited by independent claim 35. As noted above with respect to independent claim 1, the Engelson reference merely discusses providing discrepancy checking and does not provide multiple compliance rules for a given medication, each compliance rule having a

respective condition and medication administration comment. Additionally, the Lambert reference fails to cure this deficiency as the reference is concerned with determining the likelihood of confusion between two given drug products. The Lambert reference does not discuss providing multiple compliance rules for a given medication, in which each compliance rule provides a different medication administration comment based on a different condition being satisfied.

Additionally, the Engelson and Lambert references, either alone or in combination, fail to teach or suggest "determining if at least one of the first condition and the second condition has been satisfied" and "displaying at the place of administration of the medication in a hospital setting, on a display device, the first medication administration comment when the first condition has been satisfied and the second administration comment when the second condition has been satisfied." As noted above, the Engelson and Lambert references fail to teach or suggest having multiple compliance rules for a particular medication. Accordingly, the combination of references necessarily fails to teach or suggest determining which conditions have been satisfied for the various compliance rules and providing medication administration comments from the compliance rules for which conditions have been satisfied.

As such, it is respectfully submitted that the Engelson and Lambert references, either alone or in combination, fail to teach or suggest the limitations of independent claim 35, and, as such, claim 35 is patentable over the Engelson and Lambert references. As the Examiner failed to establish a *prima facie* case of obviousness for claim 35, Appellants respectfully request that the Examiner's rejection of claim 35 be reversed and the claim allowed. Claims 36-51 depend, directly or indirectly, from independent claim 35, and, as such, the arguments set forth above with respect to independent claim 35 are equally applicable to these dependent claims. For at

least the reasons stated above, Appellants respectfully request that the Examiner's rejection of claims 36-51 be reversed and the claims allowed.

B) Conclusion

Because the Engelson and/or Lambert references do not render obvious claims 1-51 for at least the reasons cited hereinabove, Appellants respectfully request that the rejection of the claims be reversed and the claims allowed.

Respectfully submitted,

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CLAIMS APPENDIX

1. A computer programmed method for providing one or more medication administration comments for preventing medication administration errors, wherein the one or more medication administration comments are provided at a place of administration of a medication in a hospital setting, the method comprising:

accepting a medication administrator identification for a medication administrator;

accepting a patient identification for a patient;

displaying a graphical user interface listing one or more medications scheduled for administration to the patient;

accepting a user selection of one of the listed medications from the medication administrator, the selected medication corresponding with a medication to be administered to the patient by the medication administrator;

providing a data store having two or more compliance rules corresponding with the selected medication, the two or more compliance rules including at least a first compliance rule and a second compliance rule, wherein the first compliance rule includes a first condition and one or more first medication administration comments specific to the selected medication and the first condition, and wherein the second compliance rule includes a second condition and one or more second medication administration comments specific to the selected medication and the second condition;

determining that the first condition for the first compliance rule has been satisfied; and

displaying at the place of administration of the medication in a hospital setting, on a display device, the one or more first medication administration comments associated with the first compliance rule when the first condition has been satisfied.

2. The method of claim 1 wherein the condition is satisfied when a generic name for a medication matches the selected medication.

3. The method of claim 1 wherein the condition is satisfied when a brand name for a medication matches the selected medication.

4. The method of claim 1 wherein the comment indicates that the selected medication is similar in appearance to another medication.

5. The method of claim 1 wherein the comment indicates that the selected medication is acoustically similar to another medication.

6. The method of claim 1 wherein the comment indicates additional verification of an aspect of the medication should be performed.

7. The method of claim 1 wherein the comment indicates that the medication should be taken within a specified time period of food consumption.

8. The method of claim 1 wherein the comment indicates that the medication should be taken within a specified time period of drinking water.

9. The method of claim 1 wherein the comment indicates that the patient should perform certain physical acts within a specified time period of administration of the medication.

10. The method of claim 1 wherein the comment indicates that dosages of the medication should be administered a specified time period apart.

11. The method of claim 1 wherein the comment warns that the patient must be connected to a ventilator when the medication is administered.

12. The method of claim 1 wherein the comment warns that the patient must be connected to a heart monitor when the medication is administered.

13. The method of claim 1 wherein the comment indicates that the medication should be administered by a certain route.

14. The method of claim 1 wherein the comment indicates that the medication should be diluted prior to administration.

15. The method of claim 1 wherein the comment indicates that the medication contains a toxic substance.

16. The method of claim 1 wherein the comment indicates that certain tests should be performed.

17. The method of claim 1 wherein the comment provides background information relating to the medication.

18. A system for providing one or more medication administration comments for preventing medication administration errors, wherein the one or more medication administration comments are provided at a place of administration of a medication in a hospital setting, the system comprising:

(a) a computer having a memory and a processor;

(b) a plurality of compliance rules corresponding with a given medication stored in said memory, wherein each compliance rule a respective condition and one or more respective medication administration comments specific to the given medication and the respective condition for the compliance rule;

(c) a program executing on said computer, the program configured to:

(1) accept a medication administration identification for a medication administrator;

(2) accept a patient identification for a patient;

(3) accept a user selection of a listed medication from the medication administrator, the selected medication corresponding with a medication to be administered to the patient by the medication administrator and corresponding with the given medication;

(4) determine if a respective condition for at least one compliance rule from the plurality of compliance rules has been satisfied for the selected medication;

(d) a graphical user interface (GUI) executing on said computer, the graphical user interface configured to:

(1) list one or more medications scheduled for administration to the patient;

(2) display at the place of administration of the medication in a hospital setting the one or more respective medication administration comments when the program determines that the respective condition for the at least one compliance rule has been satisfied for the selected medication.

19. The system of claim 18 wherein the condition is satisfied when a generic name for a medication matches the selected medication.

20. The system of claim 18 wherein the condition is satisfied when a brand name for a medication matches the selected medication.

21. The system of claim 18 wherein the comment indicates that the selected medication is similar in appearance to another medication.

22. The system of claim 18 wherein the comment indicates that the selected medication is acoustically similar to another medication.

23. The system of claim 18 wherein the comment indicates additional verification of an aspect of the medication should be performed.

24. The system of claim 18 wherein the comment indicates that the medication should be taken within a specified time period of food consumption.

25. The system of claim 18 wherein the comment indicates that the medication should be taken within a specified time period of drinking water.

26. The system of claim 18 wherein the comment indicates that the patient should perform certain physical acts within a specified time period of administration of the medication.

27. The system of claim 18 wherein the comment indicates that dosages of the medication should be administered a specified time period apart.

28. The system of claim 18 wherein the comment warns that the patient must be connected to a ventilator when the medication is administered.

29. The system of claim 18 wherein the comment warns that the patient must be connected to a heart monitor when the medication is administered.

30. The system of claim 18 wherein the comment indicates that the medication should be administered by a certain route.

31. The system of claim 18 wherein the comment indicates that the medication should be diluted prior to administration.

32. The system of claim 18 wherein the comment indicates that the medication contains a toxic substance.

33. The system of claim 18 wherein the comment indicates that certain tests should be performed.

34. The system of claim 18 wherein the comment provides background information relating to the medication.

35. An article of manufacture comprising a program storage medium readable by a computer and embodying one or more instructions executable by the computer to perform a method for providing one or more medication administration comments for preventing medication administration errors, wherein the one or more medication administration comments are provided at a place of administration of a medication in a hospital setting, the method comprising:

receiving a patient identification for a patient;

receiving a medication identification for a medication to be administered to the patient;

accessing a data store having two or more compliance rules corresponding with the medication and including at least a first compliance rule and a second compliance rule, wherein the first compliance rule includes information associated with a first condition and a first medication administration comment specific to the medication and the first condition, and wherein the second compliance rule includes information associated with a second condition and a second medication administration comment specific to the medication and the second condition;

determining if at least one of the first condition and the second condition has been satisfied; and

displaying at the place of administration of the medication in a hospital setting, on a display device, the first medication administration comment when the first condition has been satisfied and the second administration comment when the second condition has been satisfied.

36. The article of manufacture of claim 35 wherein the condition is satisfied when a generic name for a medication matches the selected medication.

37. The article of manufacture of claim 35 wherein the condition is satisfied when a brand name for a medication matches the selected medication.

38. The article of manufacture of claim 35 wherein the comment indicates that the selected medication is similar in appearance to another medication.

39. The article of manufacture of claim 35 wherein the comment indicates that the selected medication is acoustically similar to another medication.

40. The article of manufacture of claim 35 wherein the comment indicates additional verification of an aspect of the medication should be performed.

41. The article of manufacture of claim 35 wherein the comment indicates that the medication should be taken within a specified time period of food consumption.

42. The article of manufacture of claim 35 wherein the comment indicates that the medication should be taken within a specified time period of drinking water.

43. The article of manufacture of claim 35 wherein the comment indicates that the patient should perform certain physical acts within a specified time period of administration of the medication.

44. The article of manufacture of claim 35 wherein the comment indicates that dosages of the medication should be administered a specified time period apart.

45. The article of manufacture of claim 35 wherein the comment warns that the patient must be connected to a ventilator when the medication is administered.

46. The article of manufacture of claim 35 wherein the comment warns that the patient must be connected to a heart monitor when the medication is administered.

47. The article of manufacture of claim 35 wherein the comment indicates that the medication should be administered by a certain route.

48. The article of manufacture of claim 35 wherein the comment indicates that the medication should be diluted prior to administration.

49. The article of manufacture of claim 35 wherein the comment indicates that the medication contains a toxic substance.

50. The article of manufacture of claim 35 wherein the comment indicates that certain tests should be performed.

51. The article of manufacture of claim 35 wherein the comment provides background information relating to the medication.

EVIDENCE APPENDIX

Pursuant to 37 C.F.R. § 41.37(c)(1)(ix), submitted herewith are copies of any evidence submitted pursuant to 37 C.F.R. §§ 1.130, 1.131, or 1.132 or any other evidence entered by the Examiner and relied upon by Appellants in the appeal.

NONE

RELATED PROCEEDINGS APPENDIX

Pursuant to 37 C.F.R. § 41.37(c)(1)(x), submitted herewith are copies of decisions rendered by a court or the Board in any proceeding identified in Section II pursuant to 37 C.F.R. § 41.37(c)(1)(ii).

NONE